

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

BOARD OF NURSING

INFORMATION REGARDING LICENSURE AS A NURSE-MIDWIFE

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Licensure as a Nurse - Midwife (Form #407)** including all required fees.
2. **Certificate of Nurse - Midwifery Degree (Form #2551)** Complete and forward to the college or university at which you received your nurse-midwifery degree. This form must be returned directly to the Board. School can email forms directly to DSPSCredNursing@wi.gov. Forms received from the applicant will be rejected by the Board. If the school you graduated from is closed, contact the Department of Public Instruction in the state where you graduated to determine where the records for the closed school were transferred.
3. **Verification of certification from American College of Nurse-Midwives (ACNM)** Contact ACNM and request verification of certification be sent directly to the Board. ACNM can email verification of certification directly to DSPSCredNursing@wi.gov.
4. **Certification Form for Malpractice Insurance Coverage for Nurse-Midwife (Form #2610)**
5. **Verification of Licensure** We require verification from each state in which you have ever held or currently hold midwife license. Contact each state board to request a verification of licensure be sent to Wisconsin. The verification must be returned directly to the Board of Nursing via mail or email to DSPSCredNursing@wisconsin.gov. The Board will reject verifications received from the applicant.

TEMPORARY PERMIT (Graduate Nurse-Midwife Not Certified/Awaiting ACNM Examination Results)

The Board may grant a temporary permit to an applicant who has applied for licensure as a nurse-midwife and wishes to practice nurse-midwifery before eligibility for licensure has been determined. Such permit may be granted for a 6-month period and renewed for a 3-month period. Further renewals may be granted in hardship cases, not to exceed 12 months. A person who has been unsuccessful on the examination administered by the American College of Nurse-Midwives is not eligible for a temporary permit and must return the permit to the Board of Nursing office immediately upon notification of exam results.

A temporary permit may be issued upon receipt of all of the following:

1. Completed application (**Form #407**) including all required fees.
2. Initial credential fee plus temporary permit fee of \$10.00 (non-refundable) attached to application (**Form #407**).
3. Official certification of completion of an approved educational program in nurse-midwifery. The certification must be sent directly from the school and is not acceptable until after the program has been completed.
4. Malpractice Insurance Coverage: Complete and submit Certification Form for Malpractice Insurance Coverage for Nurse-Midwife (**Form #2610**).
5. Request For Temporary Permit For Nurse-Midwife (**Form #2459**)
6. Proof of current Wisconsin licensure or multistate compact licensure to practice professional nursing.

Renewing a permit is the responsibility of the permit holder. To renew your permit, please submit the \$10.00 renewal fee at least two weeks before the expiration date of your current permit.

A graduate nurse-midwife holding a valid temporary permit may use the title "Graduate Nurse-Midwife" ("G.N.M.") and must practice under the supervision of a nurse-midwife certified under Wis. State Stat. § 441.15, or a physician.

NOTICE

If an application file does not have any activity for one year or more, it may be abandoned/withdrawn on our system without notification to the applicant. It is recommended to complete the application process in a timely fashion to ensure this does not happen.

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BOARD OF NURSING

APPLICATION FOR LICENSURE AS A NURSE-MIDWIFE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional. Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Email Address <input type="text"/>			
Have you ever been licensed in Wisconsin as a Nurse-Midwife?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list your credential number: <input type="text"/>
List your state of primary residence: ('Primary State of Residence' is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)		<input type="text"/>	If not Wisconsin, do you plan to move to Wisconsin and take up primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current Wisconsin License as a Registered Nurse?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list your credential number: <input type="text"/>
School of Nurse-Midwifery <input type="text"/>		School Address (street, city, state) <input type="text"/>	
Date of Completion <input type="text"/> / <input type="text"/> / <input type="text"/>		Type of Degree/Program <input type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
☐ **\$ 75.00 Initial Credential Fee Attached**
☐ **Request for a Temporary Permit** (optional)
\$ 10.00 (is required in addition to the above fee and is non-refundable)
☐ **Re-Registration Applicants** (previous license expired more than five(5) years)
\$ 75.00 Renewal Fee
\$ 25.00 Late Renewal Fee
\$100.00 Total Fee Attached

For Receipting Use Only (32)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- | | |
|--|---|
| <input type="checkbox"/> Application (Form #407) and appropriate fee | <input type="checkbox"/> Letters from all State Boards where licensed, active and inactive |
| <input type="checkbox"/> Certification of Nurse-Midwifery Degree (Form #2551) | <input type="checkbox"/> Convictions and Pending Charges (Form #2252), if applicable |
| <input type="checkbox"/> Malpractice Insurance Coverage: Complete and submit Certification Form for Malpractice Insurance Coverage for Nurse-Midwife (Form #2610) | <input type="checkbox"/> Malpractice Suits or Claims (Form #2829) and copies of malpractice suit, court documents with allegations and settlement, if applicable |
| <input type="checkbox"/> Verification of Certification from ACNM | <input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |

ARE YOU A VETERAN? If yes, please view the Department website at <http://dps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dps.wi.gov> and select the "Professional Credential Renewal Information".

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (include all active and inactive states)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Board of Nursing. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

ANSWER THE FOLLOWING QUESTIONS: (attach additional sheet(s) if necessary)

1.	Has your ACNM certification ever been revoked or suspended? If yes, explain - include date, type of action (on separate sheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice nurse-midwifery" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned nurse-midwifery judgments and to learn and keep abreast of nurse-midwifery developments; and
2. The ability to communicate those judgments and nurse-midwifery information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

10.	Do you have a medical condition, which in any way impairs or limits your ability to practice nurse-midwifery with reasonable skill and safety? If no, you may skip questions 11 and 12. If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	If yes to question 10, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If yes to question 10, are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice dentistry with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If yes to question 15, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

Wisconsin Department of Safety and Professional Services

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /